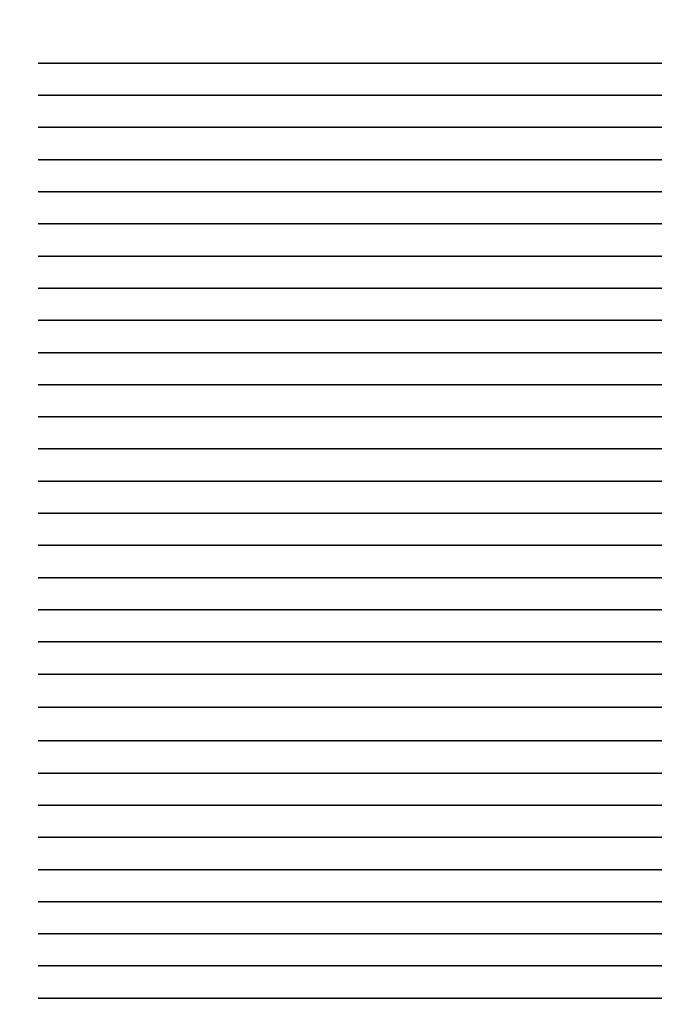
ARKANSAS DEPARTMENT OF LABOR 10421 West Markham Little Rock, Arkansas 72205

WAGE CLAIM

CLAIMANI:	Mr.				
	Mrs.				
1. Full Name:	Miss				
	Ms.				
2. Address					
nun	nber & street	apt. no.	city	state	zip code
2 Casial Cassmits Me		4 Dhono	#. D og	Dava	
5. Social Security No)	4. Phone #. Res		Bus	
5. Nearest relative no	ot living with you				
		name			phone
		address			
		address			
EMDLOVED WHO	M VOII WISH TO	EILE CLAIN	M A C A INCT.		
EMPLOYER WHO	M YOU WISH TO	FILE CLAIN	M AGAINSI:	i	
6. Employer or Busin	ness Name:				
7. Address:	Street/Route		City	State	Zip Code
				State	Zip couc
8. Mailing Address:	Street/Route				
	Street/Route		City	State	Zip Code
9. Owner of Business	S:				
10 T 1 1 N 1		1.1	T CD '		
10. Telephone Numb	er:	11	. Type of Busi	ness	
12. Is employer still i	n business?				
If not, list emplo	yer's complete home a	address:			
WAGES DUE:					
12 Dlagga chaols: Wo	vaes Vacatio	\n	Donus	Commission	Cavaranaa
13. I lease check. Wa	igesvacatio	JII	_Donus	Commission	_Severance
Sick Pay	Holiday	Other (exp	olain)		
14 T' 41 14 C	1 6 1	d '(()	1 1 1 1'	12 1	
14. List the dates for	work performed, or o	* *			
		to_		(mo/da/yr)	
	(mo/da/yr)			(mo/da/yr)	
15. No. Hrs	dayswl	ks	mos	16. Rate of pay	per
17. Amount Earned	for period in 14 above	÷ 5			
18. Amount Receive	ed	\$			
19 Amount Still Du	e			\$	
. , . , , , , , , , , , , , , , , , , ,	~			Φ	

21. Remarks:		
OTHER INFORMATION:		
22. Who hired you?	Date hired:	Date left:
23. What type of work did you do	?	
24. Supervisor's name:		25. Still employed?
26. If not, did you quit?	Were you dischar	ged or laid off?
27. Reason for quitting, discharg	e or layoff:	
28. Have you asked for your wag	es? Whom	did you ask?
29. When did you ask?	What	reason was given?
30. Is there a union?	Name of union	1
31. Have you filed a grievance w	ith your union?	
32. Are you presently employed?	33. Total income earne	ed past 12 months \$
written agreement, written compa		as receipts, time records, pay stubs, statements, If so, please attach. Any witnesses to support your number.
35. Please state in your own wor	ds what happened:	



AND BELIEF, AND I I COLLECT UNDER AC I HEREBY AUTHORIZ	HEREBY ASSIGN THE WAC T 86 OF 1937. ZE THE DIRECTOR OF LABO	IND CORRECT TO THE BEST OF MY KNOWLEDGE SES DUE ME TO THE DIRECTOR OF LABOR TO OR TO MAIL MY CHECK PAID ON THIS CLAIM, AT			
MY OWN RISK, TO TH	IE ADDRESS GIVEN.	Ciana d.			
		Signed:			
Claims in excess of \$1,000	Dated:				
This form must be COMP be returned to you for com		efore we can process your claim. If it is not completed it will			
In order for your claim to	be processed, you must return th	e original wage claim form.			
	(Do not write b	pelow this line)			
Taken By		Date Received			
Claim No.	Disposition	Date			